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Physicians should state CAUSE OF DEATH in plain terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS	
County <u>Morales</u>	State Index No. <u>798</u>
District <u>Morales</u>	ORIGINAL CERTIFICATE OF DEATH
Town <u>Morales</u>	County Registered No. <u>139</u>
Or City _____	Local Registrar's No. <u>72</u>
No. _____ St. _____	
(If death occurred in a Hospital or Institution, give its NAME in stead of street and number.)	
FULL NAME <u>William Becker</u>	
PERSONAL AND STATISTICAL PARTICULARS	
SEX <u>Male</u>	Color or Race White-Indian Black Chinese Mexican
SINGLE MARRIED WIDOWED or DIVORCED	
DATE OF BIRTH <u>Jan 15</u> 191 <u>2</u>	
(Month) (Day) (Year)	
AGE <u>22</u> yrs. <u>0</u> mos. <u>0</u> days	
OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry, business, or establishment in which employed or (employer)	
BIRTHPLACE (State or country) <u>Morales</u>	
NAME OF FATHER <u>Paul Becker</u>	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or county)	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	
(Informant) _____	
(Address) _____	
PLACE OF BURIAL OR REMOVAL <u>Morales</u>	DATE OF BURIAL OR REMOVAL <u>May 24</u> 191 <u>2</u>
UNDERTAKER	ADDRESS
MEDICAL CERTIFICATE OF DEATH	
DATE OF DEATH <u>May 23</u> 191 <u>2</u>	
(Month) (Day) (Year)	
I hereby certify, that I attended deceased from <u>May 23</u> 191 <u>2</u> ; that I last saw <u>him</u> alive on <u>May 23</u> 191 <u>2</u> , and that death occurred on the date stated above at <u>4:00</u> P.M. The DISEASE or INJURY causing Death was as follows: <u>Enterocolitis with bronchopneumonia</u>	
Was disease contracted in Arizona? <u>Yes</u>	
If not, where? _____	
CONTRIBUTORY _____	
(Signed) <u>J. B. L. L. L.</u>	
May 23 191 <u>2</u> , (Address) <u>Morales</u>	
*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
LENGTH OF RESIDENCE	
At place of death...yrs...mos...ds. In Arizona...yrs...mos...ds.	
Former or Usual Residence _____	
May 23 191 <u>2</u> <u>W. Morales</u>	
Filed <u>6/1</u> 191 <u>2</u> Local Registrar	